

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/552,962

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/	/	/			
3	/					
4	/					
5	/		/			
6	/		/			
7	6		/			
8	6					
9	6					
10	6		/			
11	6		/			
12	6					
13	6		/			
14	4					
15	6		/			
16	6		/			
17	6					
18	6		/			
19	6					
20	6					
21	6					
22	/					
23	/					
24	/					
25	/					
26	0					
27	0					
28	0					
29	0					
30	0					
31	/					
32	/					
33	/					
34	/					
35	/					
36	/					
37	/		/			
38	/		/			
39	/		/			
40	/					
41	/					
42	/					
43	/					
44	/		/			
45	0		/			
46	0					
47	0					
48	0					
49	0					
50	0					
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			8			
52			0			
53			0			
54			0			
55			0			
56			0			
57			0			
58			0			
59			0			
60			1			
61			1			
62			1			
63			1			
64			2			
65			2			
66			2			
67			2			
68			2			
69			1			
70			0			
71			1			
72			1			
73			1			
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.				↓	13	↓
TOTAL DEP.			←		17	←
TOTAL CLAIMS					30	